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PTO/SB/22 (10-00)  
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**PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)**

Docket No.:

29020/96007B2

In re Application of Bill Hoerner, et al

Application Number  
09/249,916

Filed  
February 12, 1999

For: COUPLING MECHANISM AND PANEL FOR SECTIONAL DOOR

Group Art Unit 3634 Examiner B. Lev

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

|   |             |
|---|-------------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))              | \$          |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))             | \$          |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))           | \$          |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))            | \$          |
| <input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ 1,970.00 |

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$

☒ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 13-2855

I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☐ attorney or agent of record.

☐ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a)

March 4, 2003

Date

40,091

Signature

Thomas A. Miller

Typed or Printed Name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

☐ 1 forms are submitted.

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, Washington, DC 20231, on the date shown below.

Dated: March 4, 2003

Signature: (Thomas A. Miller)

Repln. Ref: 03/24/2003 CKHLOK 0011194800  
DAH: 132855 - Name/Number: 09249916  
FC: 9204 \$1970.00 CR

Adjustment date: 03/24/2003 CKHLOK  
03/10/2003 NRIHANM1 00000084 09249916  
01 FC: 1255 -1970.00 OP

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND                         |                                   |   |                             |            |   |   |    |   |   |   |   |
|---|-----------------------------------|---|-----------------------------|------------|---|---|----|---|---|---|---|
| 1 Date of Request: <u>3-18-03</u>                     |                                   | 2 Serial/Patent # <u>09249910</u>   |                             |            |   |   |    |   |   |   |   |
| 3 Please refund the following fee(s):                 |                                   | 4 PAPER<br>NUMBER   | 5 DATE<br>FILED             | 6 AMOUNT   |   |   |    |   |   |   |   |
|   | Filing                            |   |                             | \$         |   |   |    |   |   |   |   |
|   | Amendment                         |   |                             | \$         |   |   |    |   |   |   |   |
| ✓   | Extension of Time                 | 25  | 3-7-03                      | \$ 1970.00 |   |   |    |   |   |   |   |
|   | Notice of Appeal/Appeal           |   |                             | \$         |   |   |    |   |   |   |   |
|   | Petition                          |   |                             | \$         |   |   |    |   |   |   |   |
|   | Issue                             |   |                             | \$         |   |   |    |   |   |   |   |
|   | Cert of Correction/Terminal Disc. |   |                             | \$         |   |   |    |   |   |   |   |
|   | Maintenance                       |   |                             | \$         |   |   |    |   |   |   |   |
|   | Assignment                        |   |                             | \$         |   |   |    |   |   |   |   |
|   | Other                             |   |                             | \$ -       |   |   |    |   |   |   |   |
|   |                                   |   | 7 TOTAL AMOUNT<br>OF REFUND | \$ 1970.00 |   |   |    |   |   |   |   |
| 10 REASON:  |                                   | 8 TO BE REFUNDED BY:  |                             |            |   |   |    |   |   |   |   |
|   |                                   | Treasury Check  |                             |            |   |   |    |   |   |   |   |
|   |                                   | Credit Deposit A/C #:   |                             |            |   |   |    |   |   |   |   |
|   |                                   | 9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">3</td> <td style="width: 20px;">--</td> <td style="width: 20px;">2</td> <td style="width: 20px;">8</td> <td style="width: 20px;">5</td> <td style="width: 20px;">5</td> </tr> </table> |                             |            | 1 | 3 | -- | 2 | 8 | 5 | 5 |
| 1   | 3                                 | --  | 2                           | 8          | 5 | 5 |    |   |   |   |   |
| ✓   | Overpayment                       | <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </div>   |                             |            |   |   |    |   |   |   |   |
|   | Duplicate Payment                 |   |                             |            |   |   |    |   |   |   |   |
| ✓   | No Fee Due (Explanation):         |   |                             |            |   |   |    |   |   |   |   |
| EOT Outside of appropriate window.                    |                                   |   |                             |            |   |   |    |   |   |   |   |
| 11 REFUND REQUESTED BY:                               |                                   |   |                             |            |   |   |    |   |   |   |   |
| TYPED/PRINTED NAME: <u>Liana Chase</u>                |                                   | TITLE: <u>Prog. Asst.</u>   |                             |            |   |   |    |   |   |   |   |
| SIGNATURE: <u>Liana Chase</u>                         |                                   | PHONE: <u>306-0482</u>  |                             |            |   |   |    |   |   |   |   |
| OFFICE: <u>Ofc. of Petitions</u>                      |                                   |   |                             |            |   |   |    |   |   |   |   |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** |                                   |   |                             |            |   |   |    |   |   |   |   |
| APPROVED: <u>[Signature]</u>                          |                                   | DATE: <u>3/24/03</u>  |                             |            |   |   |    |   |   |   |   |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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